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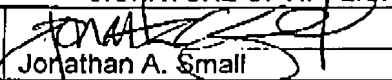
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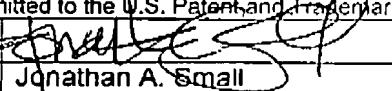
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| TRANSMITTAL FORM | Application Number | 09/558,923 | | | | |
| | Filing Date | 04/26/2000 | | | | |
| | First named inventor | KEMBEL et al. | | | | |
| | Examiner Name | C. T. Nguyen | | | | |
| | Confirmation Number | 1656 | | | | |
| | Art Unit | 2176 | | | | |
| Total number of pages in this submission | 28 | Attorney Docket No. | D/10351-008 | | | |
| ENCLOSURES (Check all that apply) | | | | | | |
| <table border="0"> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 </td> <td style="vertical-align: top;"> <input type="checkbox"/> Drawings <input type="checkbox"/> License-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of disks <input type="checkbox"/> Landscape Table on CD </td> <td style="vertical-align: top;"> <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal to TC - Appeal Brief Request for Oral Hearing <input checked="" type="checkbox"/> Request for Oral Hearing in Appeal <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> PTO-2038 Credit Card Authorization Form <input type="checkbox"/> Other Enclosure(s) (please identify below): </td> </tr> </table> | | | | <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawings <input type="checkbox"/> License-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of disks <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal to TC - Appeal Brief Request for Oral Hearing <input checked="" type="checkbox"/> Request for Oral Hearing in Appeal <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> PTO-2038 Credit Card Authorization Form <input type="checkbox"/> Other Enclosure(s) (please identify below): |
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| Signature: |  | Telephone: 650-941-4470 |
| Name: | Jonathan A. Small | Registration no. 32, 631 Date: May 4, 2007 |

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PTO/SB/17 (12-04v2)
OMB 0831-0032

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| | | | |
|---|-------------|--------------------------|----------------|
| FEE TRANSMITTAL | | Complete if known | |
| | | Application Number | 09/558,925 |
| | | Filing Date | 04/26/2000 |
| | | First named inventor | KEMBEL et al. |
| | | Examiner Name | J. E. Avellino |
| | | Art Unit | 2143 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | D/10351-007 |
| TOTAL AMOUNT OF PAYMENT | (\$ 750.00) | | |

METHOD OF PAYMENT (check all that apply)

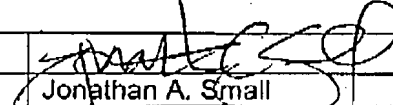
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Fee Calculation**Appeal Brief and Related Fees**

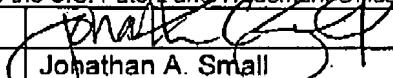
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| Filing of Appeal Brief per 37 CFR 41.20(b)(2) | Fee Paid \$250.00 |
| Request for Oral Hearing on Appeal per 37 CFR 41.20(b)(3) | Fee Paid \$500.00 |

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